

APPLICATION FOR REGISTRATION

Under Controlled Substances Act of 1970

INSTRUCTIONS FOR COMPLETING FORM DEA-224

**This form is for new applicants only and not for renewal of registration.
This application is for a three year registration period. See form for fee amount.**

UNITED STATES
DEPARTMENT OF JUSTICE
Drug Enforcement
Administration

ADDRESS BLOCK - Information must be TYPED or PRINTED in the blocks provided. The manner in which information is placed on the application is the way your Certification of Registration will read. Please use the street address of proposed business. **WHEN USING A P.O. BOX YOU MUST ALSO PROVIDE A STREET ADDRESS.**

Taxpayer Identifying Number - The Debt Collection Improvement Act of 1996 (PL 104-134) requires that you furnish your Federal Taxpayer Identifying Number to DEA. This number is required for debt collection procedures should your fee become uncollectable.

Item 1 - **BUSINESS ACTIVITY** - Indicate only one.

Retail Pharmacy: Name of Pharmacy must appear in address block.

Hospital/Clinic: Applicants applying for Hospital/Clinic registration should check with local state licensing authority to ensure they meet state requirements for that activity.

Practitioner: Furnish professional degree in the space provided, next to Practitioner business activity (e.g., DDS, DO, DVM, MD, etc.)

Teaching Institution: Registration as a Teaching Institution authorizes purchase and possession of controlled substances for instructional purposes only. Practitioners or Teaching Institutions desiring to conduct research with any Schedule I substance must obtain a "Researcher" registration by submitting Form DEA-225 with applicable fee.

Mid-Level Practitioner: Furnish professional degree in the space provided, next to Mid-Level Practitioner business activity (e.g., PA, NP, OD, NH AMB, AS, etc.)

Item 2 - **ORDER FORM BOOKS** - Indicate only if you intend to purchase or transfer Schedule II substances. Order form books will be issued to you upon issuance of your DEA registration.

Item 3 - **DRUG SCHEDULES** - Indicate schedule(s) of controlled substance(s) pertaining to your business activity and those that you intend to handle.

Item 4 - **STATE LICENSURE** - Federal registration by DEA is based upon the applicant being in compliance with applicable state and local laws. Applicants should contact the local state licensing authority prior to completing this application. If your state requires a separate controlled substance license, provide the number. If you have applied for state license and it has not been issued, indicate "Pending". If state licensing authority is not required, indicate NA. All applicants must answer Items 4 (a), (c), (d), (e), and (f). If any are answered "YES", except 4(a), include a statement using the space provided in item 5 on the reverse of the application. Mid-Level Practitioners (Nurse Practitioners, Physicians Assistants, etc.) must also complete item 4(b).

Item 5 - **EXPLANATION FOR ANSWERING "YES" TO ITEM(S) 4 (c), (d), (e), or (f).**

Item 6 - **METHOD OF PAYMENT** - Indicate desired method of payment. Make check or money order payable to Drug Enforcement Administration. Checks or money orders drawn on foreign banks will not be accepted. If a credit card is used, provide the number, type of card (VISA or MasterCard), signature, and expiration date. **Application fees are not refundable.**

Item 7 - **FEE EXEMPTION** - Exemption from payment of application fee is limited to federal, state, or local government operated hospitals, institutions, or officials. The address on the application must be that of the affiliated federal, state, or local government; the signature and title of a supervisor (**other than applicant**) must appear on the application.

Item 8 - **APPLICANT SIGNATURE** - Must be completed with an original in ink.

NOTE: Initial registration period will not be less than 28 months nor more than 39 months. Once your DEA registration is issued, a renewal application is automatically mailed to you 45 days prior to your expiration date. Any change of address must be reported to the DEA. Renewal applications are **not** forwarded.

WARNING: Section 843(a)(4)(A) of Title 21, United States Code, states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$30,000.00 or both.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Drug Enforcement Administration, FOI and Records Management Section, Washington, D.C. 20537; and to the Office of Management and Budget, Paperwork Reduction Project No. 1117-0014, Washington, D.C. 20503

▼ **PRINT YOUR NUMBERS AND LETTERS AS INDICATED BELOW** ▼

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	0	1	2	3	4	5	6	7	8	9
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Listed below are examples of the schedules with assigned drug code numbers. If you are in need of additional information, see 21 cfr 1308 or contact the DEA Office serving your area

SCHEDULE I

NARCOTIC & NON NARCOTIC BASIC CLASSES

Acteorphine	9319
Acetylmethadol	9601
Allyprodine	9602
Alphacetylmethadol (except LAAM)	9603
Bufotenine	7433
Dextromoramide	9613
Diethyltryptamine (DET)	7434
2,5-Dimethoxyamphetamine (DMA)	7396
Dimethyltryptamine (DMT)	7435
Etorphine (except HCL)	9056
Heroin	9200
Ibogaine	7260
Ketobemidone	9628
Lysergic acid diethylamide (LSD)	7315
Marihuana	7360
Mescaline	7381
Methaqualone	2565
3,4-Methylenedioxyamphetamine (MDA)	7400
3,4-Methylenedioxymethamphetamine (MDMA)	7405
N-Ethyl-1-phenylcyclohexylamine (PCE)	7455
Peyote	7415
1-(1-Phenylcyclohexyl)pyrrolidine (PCPy)	7458
Psilocybine	7437
Psilocyn	7438
Tetrahydrocannabinols (THC)	7370
1-[-1-(2-Thienyl)-cyclohexyl]-piperidine (TCP)	7470

SCHEDULE II

NARCOTIC BASIC CLASSES

Alphaprodine	9010
Anileridine	9020
Cocaine	9041
Codeine	9050
Dextropropoxyphene (bulk)	9273
Diphenoxylate	9170
Diprenorphine (M50-50)	9058
Ethylmorphine	9190
Etorphine Hydrochloride (M-99)	9059
Glutethimide	2550
Hydrocodone	9193
Hydromorphone	9150
Levo-alphaacetylmethadol (LAAM)	9648
Livorphanol	9220
Meperidine	9230
Methadone	9250
Morphine	9300
Opium, powdered	9639
Opium, raw	9600
Oxycodone	9143
Poppy Straw	9650
Poppy Straw Concentrate	9670
Thebaine	9333

NON NARCOTIC BASIC CLASSES

Amobarital	2125
Amphetamine	1100
Methamphetamine	1105
Methylphenidate	1724
Pentobarbital	2270
Phencyclidine (PCP)	7471
Phenmetrazine	1631
Phenacetone	8501
Secobarbital	2315

SCHEDULE III

NARCOTIC BASIC CLASSES

Codeine up to 90mg/du + other ingred.	9804
Dihydrocodeine up to 90mg/du + other	9807
Ethlmorphine up to 15mg/du + other	9808
Hydrocodone up to 15mg/du + other	9806
Morphine up to 50mg/100ml or gm + other	9810
Opium up to 500mg/100ml + other active ingred.	9809

NON NARCOTIC BASIC CLASSES

Anabolic Steroids	4000
Benzphetamine	1228
Butalbital	2100
Dronabinol Pharmaceutical Products	7369
Ketamine	7285
Methypylon	2575
Pentobarbital + noncontrolled active ingred.	2271
Pentobarbital suppository	2271
Phendimetrazine	1615
Secobarbital + noncontrolled active ingred.	2316
Secobarbital suppository	2329
Thiopental	2316
Vinbarbital	2335

SCHEDULE IV

NARCOTIC BASIC CLASSES

Dextropropoxyphene du	9278
Difenoxin 1mg/25ug atropine SO4/du	9167

NON NARCOTIC BASIC CLASSES

Alprazolam	2882
Barbital	2145
Chloral Hydrate	2465
Chlordiazepoxide	2744
Clorazepate	2768
Diazepam	2765
Diethylpropion	1610
Fenfluramine	1670
Flurazepam	2767
Halazepam	2762
Lorazepam	2885
Mazindol	1605
Mebutamate	2800

SCHEDULE IV (cont'd)

Mephobarbital	2250
Meprobamate	2820
Methohexital	2264
Midazolam	2884
Oxazepam	2835
Paraldehyde	2585
Pemoline	1530
Pentazocine	9709
Phenobarbital	2285
Phentermine	1640
Prazepam	2764
Quazepam	2881
Temazepam	2925
Triazolam	2887
Zolpidem	2783

CODE

2250
2820
2264
2884
2835
2585
1530
9709
2285
1640
2764
2881
2925
2887
2783

SCHEDULE V

Buprenorphine	9064
Codeine Cough Preparation	9100

CODE

9064
9100

READ INSTRUCTIONS BEFORE COMPLETING

APPLICATION FOR REGISTRATION
Under Controlled Substances Act of 1970

OMB NO.
1117-0014

DEA Form 224
(Nov. 1999)

USE BLACK INK

Name: Applicant or Business

(Last,

First, MI)

Taxpayer Identifying Number and/or Social Security Number

— —

Proposed Business Address (When using a P.O. Box you must also provide a street address)

City

State

Zip Code

—

Applicant's Business Phone Number

Applicant's Fax Number

— —

REGISTRATION CLASSIFICATION:

1. BUSINESS ACTIVITY: (X only one)	<input type="checkbox"/> RETAIL PHARMACY	<input type="checkbox"/> HOSPITAL/CLINIC	<input type="checkbox"/> PRACTITIONER- (Specify professional degree, e.g.) DDS, DO, DVM, MD, etc.	<input type="text"/> <input type="text"/>	2. INDICATE HERE IF YOU REQUIRE ORDER FORM BOOKS. <input type="checkbox"/>
	<input type="checkbox"/> TEACHING INSTITUTION (Instructional purposes only)	<input type="checkbox"/> MID-LEVEL PRACTITIONER (MLP)- (Specify professional degree, e.g.) PA, NP, OD, NH, AMB, AS, etc.	<input type="text"/> <input type="text"/>		

3. DRUG SCHEDULES: (X all that apply)	<input type="checkbox"/> SCHEDULE II NARCOTIC	<input type="checkbox"/> SCHEDULE II NON NARCOTIC	<input type="checkbox"/> SCHEDULE III NARCOTIC	<input type="checkbox"/> SCHEDULE III NON NARCOTIC	<input type="checkbox"/> SCHEDULE IV	<input type="checkbox"/> SCHEDULE V
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4. ALL APPLICANTS MUST ANSWER THE FOLLOWING:

(a) Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate?

☐ Yes - State License No. ☐ Pending ☐ N/A

☐ Yes - State Controlled Substance No. ☐ Pending ☐ N/A

(b) MLP only: Applicant is authorized to engage in the following controlled substance activities by the state in which applicant practices.

	Prescribe	Administer	Dispense	Procure*		Prescribe	Administer	Dispense	Procure*
SCHEDULE II NARCOTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCHEDULE III NON NARCOTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHEDULE II NON NARCOTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCHEDULE IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHEDULE III NARCOTIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCHEDULE V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Procure means to individually obtain controlled substances by purchase or receipt of samples from a manufacturer or distributor. It does not include receipt of controlled substances from, or pursuant to an order from a collaborating or supervising physician.

No registration will be issued unless a completed application form has been received (21 CFR 1301.13).

The Debt Collection Improvement Act of 1996 (PL 104-134) requires that you furnish your Federal Taxpayer Identifying Number to DEA. This number is required for debt collection procedures should your fee become uncollectable. If you do not have a Federal Taxpayer Identifying Number, use your Social Security Number.

↓ ATTACH CHECK HERE ↓

ATTENTION

FEE IS \$210. FOR 3 YRS

Continue on
Reverse

(d) Has the applicant ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied? ☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

Applicants who have answered "yes" to item(s) 4(c), (d), (e), or (f) are required to submit a statement explaining such response(s). The space provided below should be used for this purpose. If additional space is needed, use a separate sheet and return with application.

SIGNATURE OF CARD HOLDER

Date _____

Date _____

MAKE A COPY FOR YOUR RECORDS.

See "Privacy Act" Information on last page of application.

DEA OFFICES (800, 877 and 888 are toll free numbers)

ATLANTA DIVISION OFFICE

Attn: Registration
75 Spring Street, SW, Room 740
Atlanta, GA 30303

Georgia (888) 219-7898
North Carolina (888) 219-8689
South Carolina (888) 219-8689
Tennessee (888) 219-7898

BOSTON DIVISION OFFICE

JFK Federal Bldg., Rm E-40
15 New Sudbury Street
Boston, MA 02203-0131

Connecticut (617) 557-2200
Maine (617) 557-2200
Massachusetts (617) 557-2200
New Hampshire (617) 557-2200
Rhode Island (617) 557-2200
Vermont (617) 557-2200

CARIBBEAN DIVISION OFFICE

P.O. Box 2167
San Juan, PR, 00922-2167

Puerto Rico (787) 775-1766
Virgin Islands (787) 775-1766

CHICAGO DIVISION OFFICE

230 S. Dearborn Street, Suite 1200
Chicago, IL 60604

Illinois (312) 353-1234
Indiana (312) 353-1236
Minnesota (312) 353-9166
North Dakota (312) 353-9166
Wisconsin (312) 353-1236

DALLAS DIVISION OFFICE

1880 Regal Row
Dallas, TX 75235

Oklahoma (214) 640-0849
Texas (Northern) (214) 640-0849

DENVER DIVISION OFFICE

115 Inverness Drive East
Englewood, CO 80112

Colorado (800) 326-6900
Montana (800) 326-6900
Utah (800) 326-6900
Wyoming (800) 326-6900

DETROIT DIVISION OFFICE

431 Howard Street
Detroit, MI 48226

Kentucky (800) 230-6844
Michigan (800) 230-6844
Ohio (800) 230-6844

HOUSTON DIVISION OFFICE

1433 West Loop South, Suite 600
Houston, TX 77027

New Mexico (800) 743-0595
Texas (South + Central) (800) 743-0595

LOS ANGELES DIVISION OFFICE

255 East Temple Street, 20th Floor
Los Angeles, CA 90012

California (So. Central) (888) 415-9822
Hawaii (888) 415-9822
Nevada (888) 415-9822
Trust Territory (213) 894-2216

MIAMI DIVISION OFFICE

8400 N.W. 53rd Street
Miami, FL 33166

Florida (800) 667-9752 or
(305) 590-4880

NEWARK DIVISION OFFICE

800 Mulberry Street
Newark, NJ 07102

New Jersey (888) 356-1071

NEW ORLEANS DIVISION OFFICE

Three Lake Way
3838 N. Causeway Boulevard, Suite 1800
Metairie, LA 70002

Alabama (888) 514-7302 or 8051
Arkansas (888) 514-7302 or 8051
Louisiana (888) 514-7302 or 8051
Mississippi (888) 514-7302 or 8051

NEW YORK DIVISION OFFICE

99 Tenth Avenue
New York, NY 10011

New York (800) 877-1198 ext 1593

PHILADELPHIA DIVISION OFFICE

William J Green Federal Building
600 Arch Street, Room 10224
Philadelphia, Pa 19106

Delaware (888) 393-8231
Pennsylvania (888) 393-8231

PHOENIX DIVISION OFFICE

3010 N. 2nd Street, Suite 301
Phoenix, AZ 85012

Arizona (800) 741-0902

SAN DIEGO DIVISION OFFICE

4560 Viewridge Avenue
San Diego, CA 92123-1672

California (Southern) (800) 284-1152

SAN FRANCISCO DIVISION OFFICE

450 Golden Gate Avenue
P.O. Box 36035
San Francisco, CA 94102

California (Northern) (888) 304-3251

SEATTLE DIVISION OFFICE

220 West Mercer Street, Suite 104
Seattle, WA 98119

Alaska (888) 219-1418
Idaho (888) 219-4261
Oregon (888) 219-4261
Washington (888) 219-1418

ST LOUIS DIVISION OFFICE

United Missouri Bank Building
7911 Forsyth Boulevard, Suite 500
St. Louis, MO 63105

Iowa (888) 803-1179
Kansas (888) 803-1179
Missouri (888) 803-1179
Nebraska (888) 803-1179
South Dakota (888) 803-1179

WASHINGTON, D.C. DIVISION OFFICE

Techworld Plaza
800 K Street, N.W., Suite 500
Washington, D.C. 20001

District of Columbia (877) 801-7974
Maryland (410) 962-7580
Virginia (877) 801-7974
West Virginia (410) 962-7580

HEADQUARTERS

United States Department of Justice
Drug Enforcement Administration
Central Station
P.O. Box 28083
Washington, D.C. 20038-8083

(800) 882-9539

Title 21, United States Code, Section 827(g) requires all registrants to report any changes of professional or business address to the DEA. Notification of address changes must be made in writing to the DEA office which has jurisdiction for your registered location. Direct requests for the following actions to the address listed for your state. 1. Request a modification to your DEA Registration (address or schedule changes), 2. Request order form books, 3. Status of pending application.

PRIVACY ACT INFORMATION

AUTHORITY: Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Improvement Act of 1996 (PL 104-134) (for federal taxpayer identifying number).

PURPOSE: To obtain information required to register applicants pursuant to the Controlled Substance Act of 1970.

ROUTINE USES: The Controlled Substances Act Registration Records produces special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

- A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying the registration of customers and practitioners.

EFFECT: Failure to complete form will preclude processing of the application